

Corporate Office:
19701 S. 97th Ave
Mokena, IL 60448
(708) 479-6900
(866) 579-6900
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Serving Today's Petroleum Industry
24 hr EMERGENCY RESPONSE

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15998

19701 S 97th Avenue
Mokena, IL 60448
Special Waste Hauler #3922
US EPA # ILD984831396

Illinois Indiana Iowa Michigan Missouri Ohio Oklahoma Wisconsin

Generator/Customer	Job Site
Name:	Name: <u>Olympic Oil</u>
Address:	Address: <u>5000 W. 41st St.</u>
City, State, Zip:	City, State, Zip: <u>Cicero, IL</u>
Contact:	Phone:

Manifest #

Customer PO #

Type of Recyclable Product/Waste	Quantity	Price Per Gal/Unit	Amount
Non-Hazardous Used Oil Halogen Level <1000 PPM <input type="checkbox"/>			
Used Anti-freeze			
Non-Hazardous Waste Water	<u>3000 gal</u>		
Non-Hazardous /Sludge			
Service/Truck Charge			
Demurrage Charges			
On-Spec Used Oil Delivered			
Used Oil Filter Pick-up			
Non-Hazardous Drum Pick-up			
Parts Washer—Delivery/Service			

☐ PAID ☐ CHECK # ☐ Call office with VISA MC AMER X ☐ OFFICE TO PAY

On Site Time	Start	End
Port to Port Time	Start <u>7:00AM</u>	End <u>2:00PM</u>

Scope of Work Performed: pump out containment from spill

Driver's Name: (printed) Tom Spana Truck/Trailer # 22 Date: 02-09-15

Generator Certification

I (generator) hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable national government regulations as a non hazardous/non PCB waste. I also hereby certify to pay all cost associated with disposal of any non disclosed hazardous/PCB waste found to be in this shipment. I certify that the waste minimization statement identified in 40 CFR 262.27 (a) (if I am a large quantity hazardous waste generator) or (b) (if I am a small quantity generator) is true.

[Signature]

Customer signature

2/9/15

Date

Phone

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number 0131005023	2. Page 1 of 1	3. Emergency Response Phone 800-424-8300	4. Manifest Tracking Number 013337822 JJK			
5. Generator's Name and Mailing Address 01, inc 0.1 5000 W 41st Ave C-1000 IL		Generator's Site Address (if different than mailing address)						
Generator's Phone:		U.S. EPA ID Number ILD0984831396						
6. Transporter 1 Company Name FUTURE ENVIRONMENTAL, INC.		U.S. EPA ID Number						
7. Transporter 2 Company Name		U.S. EPA ID Number						
8. Designated Facility Name and Site Address ORTEK, INC 7801 W 47TH ST MCCOOK, IL 60625		U.S. EPA ID Number ILD0000648786						
Facility's Phone: 708-762-5117								
9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))		10. Containers		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes	
			No.	Type				
	1. NON-HAZARDOUS LIQUID WASTE, NON-REGULATED BY D.O.T.		1	TT	3000	6		
	2.							
	3.							
4.								
14. Special Handling Instructions and Additional Information 6= 6000 lbs								
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.								
Generator's/Offoror's Printed/Typed Name Kearl E. LUTTEN				Signature [Signature]		Month Day Year 02 09 15		
16. International Shipments <input type="checkbox"/> Import to U.S. <input checked="" type="checkbox"/> Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____								
17. Transporter Acknowledgment of Receipt of Materials								
Transporter 1 Printed/Typed Name [Signature]				Signature [Signature]		Month Day Year 02 09 15		
Transporter 2 Printed/Typed Name				Signature		Month Day Year		
18. Discrepancy								
18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection								
Manifest Reference Number:								
18b. Alternate Facility (or Generator)						U.S. EPA ID Number		
Facility's Phone:								
18c. Signature of Alternate Facility (or Generator)						Month Day Year		
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)								
1.		2.		3.		4.		
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a								
Printed/Typed Name				Signature		Month Day Year		

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19701 S 97th Avenue
Mokena, IL 60448
Special Waste Hauler #3922
US EPA # ILD984831396

Illinois Indiana Iowa Michigan Missouri Ohio Oklahoma Wisconsin

Generator/Customer	Job Site
Name:	Name: <u>Olympic Oil</u>
Address:	Address: <u>5000 W 41st St</u>
City, State, Zip:	City, State, Zip: <u>Chicago IL</u>
Contact:	Phone:

Manifest #

Customer PO #

Type of Recyclable Product/Waste	Quantity	Price Per Gal/Unit	Amount
Non-Hazardous Used Oil Halogen Level <1000 PPM <input type="checkbox"/>			
Used Anti-freeze			
Non-Hazardous Waste Water	<u>3500 gal</u>	<u>\$300</u>	<u>\$1080</u>
Non-Hazardous /Sludge			<u>1885</u>
Service/Truck Charge			
Demurrage Charges			
On-Spec Used Oil Delivered			
Used Oil Filter Pick-up			
Non-Hazardous Drum Pick-up			
Parts Washer—Delivery/Service			

PAID ☐ CHECK #

☐ Call office with VISA MC AMER X

☐ OFFICE TO PAY

On Site Time	Start	End
Port to Port Time	Start <u>2:00pm</u>	End <u>4:00pm</u>

Scope of Work Performed: Pump out containment from Spill

Driver's Name: (printed) Tom Sana Truck/Trailer # 77 Date: 02-09-15

Generator Certification

I (generator) hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable national government regulations as a non hazardous/non PCB waste. I also hereby certify to pay all cost associated with disposal of any non disclosed hazardous/PCB waste found to be in this shipment. I certify that the waste minimization statement identified in 40 CFR 262.27 (a) (if I am a large quantity hazardous waste generator) or (b) (if I am a small quantity generator) is true.

[Signature]

Customer Signature

2/9/15

Date

Phone

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number	2. Page 1 of	3. Emergency Response Phone	4. Manifest Tracking Number						
				800-424-9300	013337823 JJK						
5. Generator's Name and Mailing Address		Generator's Site Address (if different than mailing address)									
Generator's Phone:											
6. Transporter 1 Company Name		FUTURE ENVIRONMENTAL, INC.			U.S. EPA ID Number ILD984831390						
7. Transporter 2 Company Name					U.S. EPA ID Number						
8. Designated Facility Name and Site Address		ORTEK, INC 7601 W 47TH ST MCCOOK, IL 60055			U.S. EPA ID Number ILD00065467803						
Facility's Phone:		708-762-5117									
9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))			10. Containers		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes			
				No.	Type						
	1. NON-HAZARDOUS LIQUID WASTE, NON-REGULATED BY D.O.T.			1	TT						
	2.										
	3.										
4.											
14. Special Handling Instructions and Additional Information											
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.											
Generator's/Offeror's Printed/Typed Name				Signature		Month			Day	Year	
TRANSPORTER INT'L	16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____										
	Transporter signature (for exports only): _____										
	17. Transporter Acknowledgment of Receipt of Materials										
TRANSPORTER	Transporter 1 Printed/Typed Name				Signature		Month			Day	Year
	Transporter 2 Printed/Typed Name				Signature		Month			Day	Year
DESIGNATED FACILITY	18. Discrepancy										
	18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection										
	Manifest Reference Number: _____										
	18b. Alternate Facility (or Generator)				U.S. EPA ID Number						
	Facility's Phone:										
18c. Signature of Alternate Facility (or Generator)						Month			Day	Year	
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)											
1.		2.		3.		4.					
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a											
Printed/Typed Name				Signature		Month			Day	Year	

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19701 S 97th Avenue
Mokena, IL 60448
Special Waste Hauler #3922
US EPA # ILD984831396

Illinois Indiana Iowa Michigan Missouri Ohio Oklahoma Wisconsin

Generator/Customer	Job Site
Name: <u>Olympic Oil</u>	Name:
Address: <u>5800 W. 41st</u>	Address:
City, State, Zip: <u>Cicero, IL</u>	City, State, Zip:
Contact:	Phone:

Manifest # 013932707, 013932708 Customer PO #

Type of Recyclable Product/Waste	Quantity	Price Per Gal/Unit	Amount
Non-Hazardous Used Oil Halogen Level <1000 PPM <input type="checkbox"/>			
Used Anti-freeze			
Non-Hazardous Waste Water	<u>7,000 gal</u>	<u>.35 x 3500 x 8</u>	
Non-Hazardous /Sludge		<u>1885</u>	
Service/Truck Charge		<u>x 8</u>	
Demurrage Charges		<u>2450</u>	
On-Spec Used Oil Delivered			
Used Oil Filter Pick-up			
Non-Hazardous Drum Pick-up			
Parts Washer—Delivery/Service			

PAID ☐ CHECK # ☐ Call office with VISA MC AMER X ☐ OFFICE TO PAY

On Site Time	Start <u>8:30</u>	End <u>3:30</u>
Port to Port Time	Start	End

Scope of Work Performed: Spill

Driver's Name: (printed) Dwayne Lyle Truck/Trailer # 27 Date: 2/9/15

Generator Certification

I (generator) hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable national government regulations as a non hazardous/non PCB waste. I also hereby certify to pay all cost associated with disposal of any non disclosed hazardous/PCB waste found to be in this shipment. I certify that the waste minimization statement identified in 40 CFR 262.27 (a) (if I am a large quantity hazardous waste generator) or (b) (if I am a small quantity generator) is true.

[Signature]

Customer Signature

2/9/15

Date

Phone

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number 0131005035	2. Page 1 of 1	3. Emergency Response Phone 800-424-9300	4. Manifest Tracking Number 013932707 JJK	
5. Generator's Name and Mailing Address FUTURE ENVIRONMENTAL, INC.			Generator's Site Address (if different than mailing address)			
Generator's Phone: 708-762-5117						
6. Transporter 1 Company Name FUTURE ENVIRONMENTAL, INC.			U.S. EPA ID Number IL0994831306			
7. Transporter 2 Company Name FUTURE ENVIRONMENTAL, INC.			U.S. EPA ID Number IL0994831306			
8. Designated Facility Name and Site Address ORTEK, INC. 7601 W 47TH ST MCCOOK, IL 60525			U.S. EPA ID Number ILD000848786			
Facility's Phone: 708-762-5117						
9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers No. Type		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes
1.	NON-HAZARDOUS LIQUID WASTE, NON-REGULATED BY D.O.T. 015152708	1 TT		7.20	9	
2.						
3.						
4.						
14. Special Handling Instructions and Additional Information 11/01/98						
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.						
Generator's/Officer's Printed/Typed Name			Signature		Month	Day Year
					12	01/98
16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: Date leaving U.S.:						
17. Transporter Acknowledgment of Receipt of Materials						
Transporter 1 Printed/Typed Name			Signature		Month	Day Year
					12	01/98
Transporter 2 Printed/Typed Name			Signature		Month	Day Year
18. Discrepancy						
18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection						
Manifest Reference Number:						
18b. Alternate Facility (or Generator) U.S. EPA ID Number						
Facility's Phone:						
18c. Signature of Alternate Facility (or Generator)					Month	Day Year
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)						
1.		2.		3.		4.
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a						
Printed/Typed Name			Signature		Month	Day Year
Loren W. Baker					12	01/98

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number <i>013130-128</i>		2. Page 1 of		3. Emergency Response Phone <i>800-424-9300</i>		4. Manifest Tracking Number 013932708 JJK				
		5. Generator's Name and Mailing Address <i>Maple St 2000 West</i>						Generator's Site Address (if different than mailing address)				
Generator's Phone:								U.S. EPA ID Number				
6. Transporter 1 Company Name <i>FUTURE ENVIRONMENTAL, INC.</i>								U.S. EPA ID Number <i>ILD984831398</i>				
7. Transporter 2 Company Name <i>FUTURE ENVIRONMENTAL, INC.</i>								U.S. EPA ID Number <i>ILD984831390</i>				
8. Designated Facility Name and Site Address <i>ORTEK, INC 7601 W 47TH ST MCCOOK, IL 60525</i>								U.S. EPA ID Number <i>ILD000646786</i>				
Facility's Phone: <i>708-762-5117</i>												
GENERATOR	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))				10. Containers		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes		
						No.	Type					
	1.	<i>NON-HAZARDOUS LIQUID WASTE, NON-REGULATED BY D.O.T</i>				<i>1</i>	<i>TT</i>		<i>9</i>			
	2.											
	3.											
	4.											
14. Special Handling Instructions and Additional Information <i>None</i>												
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.												
Generator's/Offor's Printed/Typed Name						Signature			Month	Day	Year	
TRANSPORTER	16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Transporter signature (for exports only): _____ Date leaving U.S.: _____											
	17. Transporter Acknowledgment of Receipt of Materials											
	Transporter 1 Printed/Typed Name						Signature			Month	Day	Year
	Transporter 2 Printed/Typed Name						Signature			Month	Day	Year
DESIGNATED FACILITY	18. Discrepancy											
	18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection											
	Manifest Reference Number: _____											
	18b. Alternate Facility (or Generator)						U.S. EPA ID Number					
	Facility's Phone: _____											
	18c. Signature of Alternate Facility (or Generator)						Month			Day	Year	
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)												
1.		2.		3.		4.						
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a												
Printed/Typed Name						Signature			Month	Day	Year	

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19701 S 97th Avenue
Mokena, IL 60448
Special Waste Hauler #3922
US EPA # ILD984831396

Illinois Indiana Iowa Michigan Missouri Ohio Oklahoma Wisconsin

Generator/Customer	Job Site
Name: <u>Olympic Oil</u>	Name:
Address: <u>5000 W 48th</u>	Address:
City, State, Zip: <u>Cicero IL</u>	City, State, Zip:
Contact:	Phone:

Manifest # 7529/7530/7528

Customer PO #

Type of Recyclable Product/Waste	Quantity	Price Per Gal/Unit	Amount
Non-Hazardous Used Oil Halogen Level <1000 PPM <input type="checkbox"/>			
Used Anti-freeze	<u>10,000 gal.</u>		
Non-Hazardous Waste Water			
Non-Hazardous /Sludge			
Service/Truck Charge	<u>1</u>		
Demurrage Charges	<u>7hr 30 min</u>		
On-Spec Used Oil Delivered			
Used Oil Filter Pick-up			
Non-Hazardous Drum Pick-up			
Parts Washer—Delivery/Service			

PAID ☐ CHECK #

☐ Call office with VISA MC AMER X

☐ OFFICE TO PAY

On Site Time <u>8 Hr 30 min</u>	Start <u>9:00 AM</u>	End <u>5:30 pm</u>
Port to Port Time	Start	End

Scope of Work Performed: Removed Glycol from Containment

Driver's Name: (printed) Mike Williams Truck/Trailer # 21 Date: 02-0

Generator Certification

I (generator) hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable national government regulations as a non hazardous/non PCB waste. I also hereby certify to pay all cost associated with disposal of any non disclosed hazardous/PCB waste found to be in this shipment. I certify that the waste minimization statement identified in 40 CFR 262.27 (a) (if I am a large quantity hazardous waste generator) or (b) (if I am a small quantity generator) is true.

[Signature]

Customer Signature

2-9-2015

Date

708 222-7803

Phone

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number <i>013100523</i>		2. Page 1 of <i>1</i>		3. Emergency Response Phone <i>800-424-9300</i>		4. Manifest Tracking Number 013937528 JJK			
		5. Generator's Name and Mailing Address <i>CLympic 0.1 5000 W 41st CICERO IL</i>						Generator's Site Address (if different than mailing address)			
6. Transporter 1 Company Name <i>FUTURE ENVIRONMENTAL, INC.</i>		U.S. EPA ID Number <i>ILD984831396</i>									
7. Transporter 2 Company Name		U.S. EPA ID Number									
8. Designated Facility Name and Site Address <i>ORTEK, INC 7801 W 47TH ST MCCOOK, IL 60525</i>		U.S. EPA ID Number <i>ILD000646786</i>									
Facility's Phone: <i>708-762-5117</i>											
GENERATOR	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))				10. Containers		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes	
						No.	Type				
	1.	<i>NON-HAZARDOUS LIQUID WASTE, NON-REGULATED BY D.O.T</i>						<i>3500</i>			
	2.										
	3.										
14. Special Handling Instructions and Additional Information <i>W/W 3500 6=99 gallons</i>											
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.											
Generator's/Offor's Printed/Typed Name Signature Month Day Year <i>Mike Williams (Agent)</i> <i>Mike Williams (Agent)</i> <i>02</i> <i>09</i> <i>15</i>											
INT'L	16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Transporter signature (for exports only): _____ Date leaving U.S.: _____										
	17. Transporter Acknowledgment of Receipt of Materials										
TRANSPORTER	Transporter 1 Printed/Typed Name				Signature		Month		Day Year		
	<i>Mike Williams</i>				<i>Mike Williams</i>		<i>02</i>		<i>09</i> <i>15</i>		
DESIGNATED FACILITY	Transporter 2 Printed/Typed Name				Signature		Month		Day Year		
18. Discrepancy											
18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection											
Manifest Reference Number: _____											
18b. Alternate Facility (or Generator) U.S. EPA ID Number											
Facility's Phone: _____											
18c. Signature of Alternate Facility (or Generator) Month Day Year											
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)											
1. 2. 3. 4.											
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a											
Printed/Typed Name Signature Month Day Year											

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number <i>013100523</i>		2. Page 1 of <i>12695</i>	3. Emergency Response Phone <i>800-424-9300</i>		4. Manifest Tracking Number 013937529 JJK		
		5. Generator's Name and Mailing Address <i>Lymphe O.I. 5000 W 41st Chicago IL</i>				Generator's Site Address (if different than mailing address)			
Generator's Phone:		6. Transporter 1 Company Name <i>FUTURE ENVIRONMENTAL, INC.</i>				U.S. EPA ID Number <i>ILD084831396</i>			
		7. Transporter 2 Company Name				U.S. EPA ID Number			
8. Designated Facility Name and Site Address <i>ORTEK, INC 7601 W 47TH ST MCCOOK, IL 60525</i>		U.S. EPA ID Number <i>ILD000646786</i>				Facility's Phone: <i>708-762-5117</i>			
GENERATOR	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))			10. Containers		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes
					No.	Type			
		1. <i>NON-HAZARDOUS LIQUID WASTE, NON-REGULATED BY D.O.T</i>			<i>1</i>	<i>IT</i>	<i>3,000</i>		
		2.							
		3.							
	4.								
14. Special Handling Instructions and Additional Information <i>W/ 3,000 (4 = gallons)</i>									
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.									
Generator's/Offor's Printed/Typed Name <i>Mike Williams (Agent)</i>					Signature <i>Mike Williams (Agent)</i>		Month <i>02</i>	Day <i>09</i>	Year <i>15</i>
TRANSPORTER	16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Transporter signature (for exports only): _____ Date leaving U.S.: _____								
	17. Transporter Acknowledgment of Receipt of Materials								
	Transporter 1 Printed/Typed Name <i>Mike Williams</i>					Signature <i>Mike Williams</i>		Month <i>02</i>	Day <i>09</i>
Transporter 2 Printed/Typed Name					Signature		Month	Day	Year
DESIGNATED FACILITY	18. Discrepancy								
	18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection								
	Manifest Reference Number:								
	18b. Alternate Facility (or Generator) U.S. EPA ID Number								
	Facility's Phone:								
18c. Signature of Alternate Facility (or Generator)							Month	Day	Year
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)									
1.		2.		3.		4.			
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a									
Printed/Typed Name					Signature		Month	Day	Year

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number 713100523		2. Page 1 of	3. Emergency Response Phone 800-424-0300		4. Manifest Tracking Number 013937530 JJK		
		5. Generator's Name and Mailing Address Olympic Oil 500 W 41st Chicago IL		Generator's Site Address (if different than mailing address)					
Generator's Phone:		6. Transporter 1 Company Name FUTURE ENVIRONMENTAL INC.				U.S. EPA ID Number ILD0984831206			
		7. Transporter 2 Company Name				U.S. EPA ID Number			
8. Designated Facility Name and Site Address ORTEK, INC 7601 W 47TH ST MCCOOK, IL 60525						U.S. EPA ID Number ILD000648786			
Facility's Phone: 708-782-5117									
GENERATOR	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))			10. Containers		11. Total Quantity	12. Unit WL/Vol.	13. Waste Codes
					No.	Type			
		1.	NON-HAZARDOUS LIQUID WASTE, NON-REGULATED BY D.O.T			1	TT	7500	
		2.							
		3.							
	4.								
14. Special Handling Instructions and Additional Information W/W 6 = gallons									
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true. (Agent)									
Generator's/Officer's Printed/Typed Name Mike Williams (Agent) Signature Mike Williams Month 02 Day 09 Year 15									
TRANSPORTER	16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: Date leaving U.S.:								
	17. Transporter Acknowledgment of Receipt of Materials Transporter 1 Printed/Typed Name Mike Williams Signature Mike Williams Month Day Year Transporter 2 Printed/Typed Name Signature Month Day Year								
DESIGNATED FACILITY	18. Discrepancy								
	18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection								
	18b. Alternate Facility (or Generator) Manifest Reference Number: U.S. EPA ID Number								
	Facility's Phone:								
	18c. Signature of Alternate Facility (or Generator) Month Day Year								
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)									
1. 2. 3. 4.									
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a Printed/Typed Name Signature Month Day Year									

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Mokena, IL 60448
Special Waste Hauler #3922
US EPA # ILD984831396

Illinois Indiana Iowa Michigan Missouri Ohio Oklahoma Wisconsin

Generator/Customer	Job Site
Name:	Name: <u>Olympic Oil</u>
Address:	Address: <u>5000 W. 41st St</u>
City, State, Zip:	City, State, Zip: <u>Cicero, IL</u>
Contact:	Phone:

Manifest # 01333 7825

Customer PO #

Type of Recyclable Product/Waste	Quantity	Price Per Gal/Unit	Amount
Non-Hazardous Used Oil Halogen Level <1000 PPM <input type="checkbox"/>			
Used Anti-freeze			
Non-Hazardous Waste Water			
Non-Hazardous /Sludge			
Service/Truck Charge			
Demurrage Charges			
On-Spec Used Oil Delivered			
Used Oil Filter Pick-up			
Non-Hazardous Drum Pick-up			
Parts Washer—Delivery/Service			

PAID ☐ CHECK #

☐ Call office with VISA MC AMER X

☐ OFFICE TO PAY

On Site Time	Start	End
Port to Port Time	Start <u>8:30 AM</u>	End

Scope of Work Performed: Pump out tank contaminated from spill

Driver's Name: (printed) Tom Sporer Truck/Trailer # 77 Date: 02-10-15

Generator Certification

I (generator) hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable national government regulations as a non hazardous/non PCB waste. I also hereby certify to pay all cost associated with disposal of any non disclosed hazardous/PCB waste found to be in this shipment. I certify that the waste minimization statement identified in 40 CFR 262.27 (a) (if I am a large quantity hazardous waste generator) or (b) (if I am a small quantity generator) is true.

[Signature]
Customer Signature

2-10-15
Date

Phone

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number 013106055		2. Page 1 of 1		3. Emergency Response Phone 800-424-9300		4. Manifest Tracking Number 013337825 JJK			
		5. Generator's Name and Mailing Address ORTEK, INC. 7601 W 47TH ST MCCOOK, IL 60525						Generator's Site Address (if different than mailing address)			
Generator's Phone: 708-762-5117						6. Transporter 1 Company Name FUTURE ENVIRONMENTAL, INC.					
						U.S. EPA ID Number IL D984031306					
7. Transporter 2 Company Name						U.S. EPA ID Number					
8. Designated Facility Name and Site Address ORTEK, INC. 7601 W 47TH ST MCCOOK, IL 60525						U.S. EPA ID Number IL D000045740					
Facility's Phone:											
GENERATOR	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))				10. Containers		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes	
						No.	Type				
	1.	NON-HAZARDOUS LIQUID WASTE, NON-REGULATED BY D.O.T.				1	TT	3500	G		
	2.										
	3.										
	4.										
14. Special Handling Instructions and Additional Information 6- Carbons											
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.											
Generator's/Offeror's Printed/Typed Name						Signature			Month	Day	Year
TRANSPORTER	16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: Date leaving U.S.:										
	Transporter signature (for exports only):										
	17. Transporter Acknowledgment of Receipt of Materials										
	Transporter 1 Printed/Typed Name					Signature			Month	Day	Year
	Transporter 2 Printed/Typed Name					Signature			Month	Day	Year
DESIGNATED FACILITY	18. Discrepancy										
	18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection										
	Manifest Reference Number:										
	18b. Alternate Facility (or Generator) U.S. EPA ID Number										
	Facility's Phone:										
	18c. Signature of Alternate Facility (or Generator)								Month	Day	Year
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)											
	1.	2.	3.	4.							
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a											
Printed/Typed Name						Signature			Month	Day	Year

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19701 S 97th Avenue
Mokena, IL 60448
Special Waste Hauler #3922
US EPA # ILD984831396

Illinois Indiana Iowa Michigan Missouri Ohio Oklahoma Wisconsin

Generator/Customer	Job Site
Name:	Name: <u>Olympic Oil</u>
Address:	Address: <u>5000 W. 41st St.</u>
City, State, Zip:	City, State, Zip: <u>Chicago, IL</u>
Contact:	Phone:

Manifest # 013337819

Customer PO #

Type of Recyclable Product/Waste	Quantity	Price Per Gal/Unit	Amount
Non-Hazardous Used Oil Halogen Level <1000 PPM <input type="checkbox"/>			
Used Anti-freeze			
Non-Hazardous Waste Water	<u>3500 gal</u>		
Non-Hazardous /Sludge			
Service/Truck Charge			
Demurrage Charges			
On-Spec Used Oil Delivered			
Used Oil Filter Pick-up			
Non-Hazardous Drum Pick-up			
Parts Washer—Delivery/Service			

PAID <input type="checkbox"/> CHECK # <input type="checkbox"/>	Call office with VISA MC AMER X <input type="checkbox"/>	OFFICE TO PAY <input type="checkbox"/>
--	--	--

On Site Time	Start <u>10:25 AM</u>	End <u>11:00 AM</u>
Port to Port Time	Start	End

Scope of Work Performed: Pump out tank contamination - Spill

Driver's Name: (printed) Tom Spence Truck/Trailer # 77 Date: 02-10-15

Generator Certification

I (generator) hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable national government regulations as a non hazardous/non PCB waste. I also hereby certify to pay all cost associated with disposal of any non disclosed hazardous/PCB waste found to be in this shipment. I certify that the waste minimization statement identified in 40 CFR 262.27 (a) (if I am a large quantity hazardous waste generator) or (b) (if I am a small quantity generator) is true.

Customer Signature

2-10-2015

Date

Phone

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number	2. Page 1 of	3. Emergency Response Phone	4. Manifest Tracking Number	
				800-424-9300	013337819 JJK	
5. Generator's Name and Mailing Address			Generator's Site Address (if different than mailing address)			
Generator's Phone:						
6. Transporter 1 Company Name			U.S. EPA ID Number			
FUTURE ENVIRONMENTAL, INC.			IL0984831296			
7. Transporter 2 Company Name			U.S. EPA ID Number			
8. Designated Facility Name and Site Address			U.S. EPA ID Number			
ORTEK, INC 7801 W 47TH ST MCCOOK, IL 60525 708-762-5117			IL0000646706			
Facility's Phone:						
9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes
		No.	Type			
	1. NON-HAZARDOUS LIQUID WASTE, NON-REGULATED BY D.O.T.	1	TT	6		
	2.					
	3.					
	4.					
14. Special Handling Instructions and Additional Information						
G= Gallons						
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.						
Generator's/Officer's Printed/Typed Name			Signature		Month	Day Year
					12	10 8
16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: Date leaving U.S.:						
17. Transporter Acknowledgment of Receipt of Materials						
Transporter 1 Printed/Typed Name			Signature		Month	Day Year
Tom Spurr					12	10 8
Transporter 2 Printed/Typed Name			Signature		Month	Day Year
18. Discrepancy						
18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection						
Manifest Reference Number:						
18b. Alternate Facility (or Generator)			U.S. EPA ID Number			
Facility's Phone:						
18c. Signature of Alternate Facility (or Generator)			Signature		Month	Day Year
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)						
1.		2.		3.		4.
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a						
Printed/Typed Name			Signature		Month	Day Year

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18452

19701 S 97th Avenue
Mokena, IL 60448
Special Waste Hauler #3922
US EPA # ILD984831396

Illinois Indiana Iowa Michigan Missouri Ohio Oklahoma Wisconsin

Generator/Customer	Job Site
Name:	Name: <u>Olympic Oil</u>
Address:	Address: <u>5000 W. 42nd St.</u>
City, State, Zip:	City, State, Zip: <u>Cicero, IL</u>
Contact:	Phone:

Manifest # 013337817

Customer PO #

Type of Recyclable Product/Waste	Quantity	Price Per Gal/Unit	Amount
Non-Hazardous Used Oil Halogen Level <1000 PPM <input type="checkbox"/>			
Used Anti-freeze			
Non-Hazardous Waste Water	<u>3500 gal</u>		
Non-Hazardous /Sludge			
Service/Truck Charge			
Demurrage Charges			
On-Spec Used Oil Delivered			
Used Oil Filter Pick-up			
Non-Hazardous Drum Pick-up			
Parts Washer—Delivery/Service			

PAID ☐ CHECK # ☐ Call office with VISA MC AMER X ☐ OFFICE TO PAY

On Site Time	Start <u>12:10 PM</u>	End <u>1:00 PM</u>
Port to Port Time	Start	End

Scope of Work Performed: pump out tank containment-spill

Driver's Name: (printed) Tom Spencer Truck/Trailer # 77 Date: 02-10-15

Generator Certification
I (generator) hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable national government regulations as a non hazardous/non PCB waste. I also hereby certify to pay all cost associated with disposal of any non disclosed hazardous/PCB waste found to be in this shipment. I certify that the waste minimization statement identified in 40 CFR 262.27 (a) (if I am a large quantity hazardous waste generator) or (b) (if I am a small quantity generator) is true.

Customer Signature

2-10-14

Date

Phone

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number	2. Page 1 of	3. Emergency Response Phone	4. Manifest Tracking Number	
				800-424-9300	013337817 JJK	
5. Generator's Name and Mailing Address			Generator's Site Address (if different than mailing address)			
Generator's Phone:						
6. Transporter 1 Company Name			U.S. EPA ID Number			
FUTURE ENVIRONMENTAL, INC.			ILD994831306			
7. Transporter 2 Company Name			U.S. EPA ID Number			
8. Designated Facility Name and Site Address			U.S. EPA ID Number			
ORTEK, INC 7601 W 47TH ST MCCOOK, IL 60525			ILD000646786			
Facility's Phone:						
708-762-5117						
9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes
		No.	Type			
	1. NON-HAZARDOUS LIQUID WASTE, NON-REGULATED BY D.O.T.	1	TT	3500	6	
	2.					
	3.					
	4.					
14. Special Handling Instructions and Additional Information						
6 - 6 gallons						
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.						
Generator's/Offor's Printed/Typed Name		Signature			Month	Day Year
					02	10 15
16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: Date leaving U.S.:						
17. Transporter Acknowledgment of Receipt of Materials						
Transporter 1 Printed/Typed Name		Signature			Month	Day Year
Transporter 2 Printed/Typed Name		Signature			Month	Day Year
18. Discrepancy						
18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection						
Manifest Reference Number:						
18b. Alternate Facility (or Generator) U.S. EPA ID Number						
Facility's Phone:						
18c. Signature of Alternate Facility (or Generator) Month Day Year						
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)						
1.		2.		3.		4.
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a						
Printed/Typed Name		Signature			Month	Day Year

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18453

19701 S 97th Avenue
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Special Waste Hauler #3922
US EPA # ILD984831396

Illinois Indiana Iowa Michigan Missouri Ohio Oklahoma Wisconsin

Generator/Customer	Job Site
Name:	Name: <u>Olympic Oil</u>
Address:	Address: <u>5000 W. 41st St</u>
City, State, Zip:	City, State, Zip: <u>Cicero, IL</u>
Contact:	Phone:

Manifest # 013337820

Customer PO #

Type of Recyclable Product/Waste	Quantity	Price Per Gal/Unit	Amount
Non-Hazardous Used Oil Halogen Level <1000 PPM <input type="checkbox"/>			
Used Anti-freeze			
Non-Hazardous Waste Water	<u>3500 gal</u>		
Non-Hazardous /Sludge			
Service/Truck Charge	<u>1</u>		
Demurrage Charges			
On-Spec Used Oil Delivered			
Used Oil Filter Pick-up			
Non-Hazardous Drum Pick-up			
Parts Washer — Delivery/Service			

PAID	CHECK #	Call office with VISA MC AMER X	OFFICE TO PAY
------	---------	---------------------------------	---------------

On Site Time	Start <u>3:05 PM</u>	End
Port to Port Time	Start	End

Scope of Work Performed: Pump out containments from spill

Driver's Name: (printed) Tom Spence Truck/Trailer # 77 Date: 02-10-15

Generator Certification I (generator) hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable national government regulations as a non hazardous/non PCB waste. I also hereby certify to pay all cost associated with disposal of any non disclosed hazardous/PCB waste found to be in this shipment. I certify that the waste minimization statement identified in 40 CFR 262.27 (a) (if I am a large quantity hazardous waste generator) or (b) (if I am a small quantity generator) is true.
--

Customer Signature

Date

Phone

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number <div style="font-size: 1.5em; font-family: monospace;">013100523</div>		2. Page 1 of		3. Emergency Response Phone <div style="font-size: 1.5em; font-family: monospace;">(800) 424-9301</div>		4. Manifest Tracking Number <div style="font-size: 1.5em; font-family: monospace;">013337820 JJK</div>											
		5. Generator's Name and Mailing Address						Generator's Site Address (if different than mailing address)											
GENERATOR		Generator's Phone:						U.S. EPA ID Number											
		6. Transporter 1 Company Name <div style="font-size: 1.5em; font-family: monospace;">FUTURE ENVIRONMENTAL, INC</div>						U.S. EPA ID Number <div style="font-size: 1.5em; font-family: monospace;">ILD984831396</div>											
TRANSPORTER		7. Transporter 2 Company Name						U.S. EPA ID Number											
		8. Designated Facility Name and Site Address <div style="font-size: 1.5em; font-family: monospace;">ORTEK, INC 7601 W 47TH ST MCCOOK, IL 60525</div>						U.S. EPA ID Number <div style="font-size: 1.5em; font-family: monospace;">ILD984831396</div>											
DESIGNATED FACILITY		Facility's Phone: <div style="font-size: 1.5em; font-family: monospace;">708-762-5117</div>																	
		9a. HM		9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))				10. Containers		11. Total Quantity		12. Unit Wt./Vol.		13. Waste Codes					
GENERATOR				1. NON-HAZARDOUS LIQUID WASTE, NON-REGULATED BY D.O.T.				No. 1		Type TT		9							
				2.															
				3.															
				4.															
TRANSPORTER		14. Special Handling Instructions and Additional Information																	
		15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.																	
DESIGNATED FACILITY		Generator's/Offor's Printed/Typed Name						Signature						Month		Day		Year	
TRANSPORTER		16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Transporter signature (for exports only): _____ Date leaving U.S.: _____																	
		17. Transporter Acknowledgment of Receipt of Materials																	
DESIGNATED FACILITY		Transporter 1 Printed/Typed Name						Signature						Month		Day		Year	
		Transporter 2 Printed/Typed Name						Signature						Month		Day		Year	
DESIGNATED FACILITY		18. Discrepancy																	
		18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection Manifest Reference Number: _____																	
DESIGNATED FACILITY		18b. Alternate Facility (or Generator)						U.S. EPA ID Number											
		Facility's Phone:																	
DESIGNATED FACILITY		18c. Signature of Alternate Facility (or Generator)						Month						Day		Year			
DESIGNATED FACILITY		19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)																	
		1.		2.		3.		4.											
DESIGNATED FACILITY		20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a																	
		Printed/Typed Name						Signature						Month		Day		Year	
DESIGNATED FACILITY																			

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Mokena, IL 60448
Special Waste Hauler #3922
US EPA # ILD984831396

Illinois

Indiana

Iowa

Michigan

Missouri

Ohio

Oklahoma

Wisconsin

Generator/Customer	Job Site
Name: <u>Olympic Oil</u>	Name:
Address: <u>5000 W 41st</u>	Address:
City, State, Zip: <u>CICERO IL</u>	City, State, Zip:
Contact:	Phone:

Manifest #

013937527

Customer PO #

Type of Recyclable Product/Waste	Quantity	Price Per Gal/Unit	Amount
Non-Hazardous Used Oil Halogen Level <1000 PPM <input type="checkbox"/>			
Used Anti-freeze	<u>10,000</u>	<u>10,500</u>	
Non-Hazardous Waste Water			
Non-Hazardous /Sludge			
Service/Truck Charge			
Demurrage Charges	<u>742.50 min</u>		
On-Spec Used Oil Delivered			
Used Oil Filter Pick-up			
Non-Hazardous Drum Pick-up			
Parts Washer—Delivery/Service			

PAID

CHECK #

Call office with VISA MC AMER X

OFFICE TO PAY

On Site Time	<u>8:42:30 min</u>	Start	<u>8:30 AM</u>	End	<u>5:00 pm</u>
Port to Port Time		Start		End	

Scope of Work Performed: Removed glycol from containment

Driver's Name: (printed) Mike Williams Truck/Trailer # 71 Date: 02-10-15

Generator Certification

I (generator) hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable national government regulations as a non hazardous/non PCB waste. I also hereby certify to pay all cost associated with disposal of any non disclosed hazardous/PCB waste found to be in this shipment. I certify that the waste minimization statement identified in 40 CFR 262.27 (a) (if I am a large quantity hazardous waste generator) or (b) (if I am a small quantity generator) is true.

Customer Signature

Date

Phone

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number 151005023	2. Page 1 of	3. Emergency Response Phone 800-424-9300	4. Manifest Tracking Number 013937525 JJK	
5. Generator's Name and Mailing Address Lynette Co 200 W 11th St Chicago IL			Generator's Site Address (if different than mailing address)			
Generator's Phone:			U.S. EPA ID Number ILD984831396			
6. Transporter 1 Company Name FUTURE ENVIRONMENTAL, INC.			U.S. EPA ID Number			
7. Transporter 2 Company Name			U.S. EPA ID Number			
8. Designated Facility Name and Site Address ORTEK, INC 7601 W 47TH ST MCCOOK, IL 60055 708-762-5117			U.S. EPA ID Number ILD000548786			
Facility's Phone:						
9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers No. Type		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes
1.	NON-HAZARDOUS LIQUID WASTE, NON-REGULATED BY D.O.T	1	TT	3500		
2.						
3.						
4.						
14. Special Handling Instructions and Additional Information W/3500 6-gallons						
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.						
Generator's/Officer's Printed/Typed Name Mike Williams Agent		Signature Mike Williams Agent		Month 08	Day 10	Year 15
16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Transporter signature (for exports only): _____ Date leaving U.S.: _____						
17. Transporter Acknowledgment of Receipt of Materials Transporter 1 Printed/Typed Name Mike Williams Signature Mike Williams Month 08 Day 10 Year 15 Transporter 2 Printed/Typed Name Signature Month Day Year						
18. Discrepancy 18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection Manifest Reference Number: _____						
18b. Alternate Facility (or Generator) Facility's Phone:			U.S. EPA ID Number			
18c. Signature of Alternate Facility (or Generator)					Month	Day Year
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)						
1.	2.	3.	4.			
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a Printed/Typed Name Signature Month Day Year						

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number	2. Page 1 of	3. Emergency Response Phone	4. Manifest Tracking Number	
		015105033		800-424-9300	013937526 JJK	
5. Generator's Name and Mailing Address			Generator's Site Address (if different than mailing address)			
Clymer, Ill 300 W 41st Chicago IL						
Generator's Phone:						
6. Transporter 1 Company Name			U.S. EPA ID Number			
FUTURE ENVIRONMENTAL, INC.			ILD084831398			
7. Transporter 2 Company Name			U.S. EPA ID Number			
8. Designated Facility Name and Site Address			U.S. EPA ID Number			
ORTEK, INC 7801 W 47TH ST MCCOOK, IL 60525			ILD000048780			
Facility's Phone: 708-762-5117						
9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes
		No.	Type			
	1. NON-HAZARDOUS LIQUID WASTE, NON-REGULATED BY D.O.T.	1	TT	350		
	2.					
	3.					
	4.					
14. Special Handling Instructions and Additional Information						
W/w 3500 6 = 96/1000s						
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.						
Generator's/Officer's Printed/Typed Name		Signature		Month	Day	Year
M. Ke Williams Agent		M. Ke Williams		12	10	15
16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: Date leaving U.S.:						
17. Transporter Acknowledgment of Receipt of Materials						
Transporter 1 Printed/Typed Name		Signature		Month	Day	Year
M. Ke Williams		M. Ke Williams		12	10	15
Transporter 2 Printed/Typed Name		Signature		Month	Day	Year
18. Discrepancy						
18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection						
Manifest Reference Number:						
18b. Alternate Facility (or Generator) U.S. EPA ID Number						
Facility's Phone:						
18c. Signature of Alternate Facility (or Generator) Month Day Year						
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)						
1. 2. 3. 4.						
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a						
Printed/Typed Name		Signature		Month	Day	Year

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US EPA # ILD984831396

Illinois Indiana Iowa Michigan Missouri Ohio Oklahoma Wisconsin

Generator/Customer	Job Site
Name:	Name: <u>OLYMPIC Oil</u>
Address:	Address: <u>5000 W 41st</u>
City, State, Zip:	City, State, Zip: <u>Cicero IL</u>
Contact:	Phone:

Manifest # 013335752

Customer PO #

Type of Recyclable Product/Waste	Quantity	Price Per Gal/Unit	Amount
Non-Hazardous Used Oil Halogen Level <1000 PPM <input type="checkbox"/>			
Used Anti-freeze			
Non-Hazardous Waste Water	<u>6000 Gal</u>		
Non-Hazardous /Sludge			
Service/Truck Charge			
Demurrage Charges			
On-Spec Used Oil Delivered			
Used Oil Filter Pick-up			
Non-Hazardous Drum Pick-up			
Parts Washer—Delivery/Service			

PAID <input type="checkbox"/> CHECK # <input type="checkbox"/>	Call office with VISA MC AMER X <input type="checkbox"/>	OFFICE TO PAY <input type="checkbox"/>
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On Site Time	Start <u>12:30 PM</u>	End <u>2:00 PM</u>
Port to Port Time	Start	End

Scope of Work Performed: Pumped out Glycol water mix from Containment (spill)

Driver's Name: (printed) Tony Mausauer Truck/Trailer # 123 ME-4 Date: 2-11-2015

Generator Certification
I (generator) hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable national government regulations as a non hazardous/non PCB waste. I also hereby certify to pay all cost associated with disposal of any non disclosed hazardous/PCB waste found to be in this shipment. I certify that the waste minimization statement identified in 40 CFR 262.27 (a) (if I am a large quantity hazardous waste generator) or (b) (if I am a small quantity generator) is true.

[Signature] Customer Signature
Date 2-11-2015
Phone

GENERATOR	UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number <i>0000000000</i>	2. Page 1 of	3. Emergency Response Phone <i>(800) 424-9300</i>	4. Manifest Tracking Number 013335752 JJK				
	5. Generator's Name and Mailing Address					Generator's Site Address (if different than mailing address)				
	Generator's Phone:									
	6. Transporter 1 Company Name <i>FUTURE ENVIRONMENTAL, INC.</i>					U.S. EPA ID Number <i>ILD084831396</i>				
	7. Transporter 2 Company Name					U.S. EPA ID Number				
TRANSPORTER	8. Designated Facility Name and Site Address <i>KLEAN WATERS 1408 GATLIN DR GRIFFITH, IN 46319</i>					U.S. EPA ID Number <i>9180899425</i>				
	Facility's Phone:									
	9a. HM	9b. U.S. DOT Description (Including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))			10. Containers		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes	
					No.	Type				
		1. <i>NON-HAZARDOUS LIQUID WASTE, NON-REGULATED BY D.O.T</i>			<i>1</i>	<i>TT</i>	<i>6000</i>	<i>gal</i>		
DESIGNATED FACILITY	14. Special Handling Instructions and Additional Information <i>Recycling in 71</i>									
	15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.									
	Generator's/Offor's Printed/Typed Name					Signature		Month		Day
								<i>2</i>		<i>11</i>
DESIGNATED FACILITY	16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: Date leaving U.S.:									
	Transporter signature (for exports only):									
	17. Transporter Acknowledgment of Receipt of Materials									
	Transporter 1 Printed/Typed Name					Signature		Month		Day
	<i>John M. Williams</i>							<i>2</i>		<i>11</i>
Transporter 2 Printed/Typed Name					Signature		Month		Day	
18. Discrepancy										
18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection										
Manifest Reference Number:										
18b. Alternate Facility (or Generator)					U.S. EPA ID Number					
Facility's Phone:										
18c. Signature of Alternate Facility (or Generator)					Signature		Month		Day	
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)										
1.			2.			3.			4.	
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a										
Printed/Typed Name					Signature		Month		Day	

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US EPA # ILD984831396

Illinois Indiana Iowa Michigan Missouri Ohio Oklahoma Wisconsin

Generator/Customer	Job Site
Name:	Name: <u>OLYMPIC OIL</u>
Address:	Address: <u>5000 W. 41st</u>
City, State, Zip:	City, State, Zip: <u>Cicero, IL</u>
Contact:	Phone:

Manifest # 013937512

Customer PO #

Type of Recyclable Product/Waste	Quantity	Price Per Gal/Unit	Amount
Non-Hazardous Used Oil Halogen Level <1000 PPM <input type="checkbox"/>			
Used Anti-freeze			
Non-Hazardous Waste Water	<u>3500</u>		
Non-Hazardous /Sludge			
Service/Truck Charge	<u>1</u>		
Demurrage Charges	<u>3 1/2</u>		
On-Spec Used Oil Delivered			
Used Oil Filter Pick-up			
Non-Hazardous Drum Pick-up			
Parts Washer—Delivery/Service			

PAID ☐ CHECK # ☐ Call office with VISA MC AMER X ☐ OFFICE TO PAY

On Site Time	Start <u>130</u>	End <u>600</u>
Port to Port Time	Start	End

Scope of Work Performed: _____

Driver's Name: (printed) Brian T Truck/Trailer # 75 Date: 2-11-15

Generator Certification

I (generator) hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable national government regulations as a non hazardous/non PCB waste. I also hereby certify to pay all cost associated with disposal of any non disclosed hazardous/PCB waste found to be in this shipment. I certify that the waste minimization statement identified in 40 CFR 262.27 (a) (if I am a large quantity hazardous waste generator) or (b) (if I am a small quantity generator) is true.

[Signature]
Customer Signature

2-11-15
Date

Phone

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number <i>013/005027</i>		2. Page 1 of <i>1</i>	3. Emergency Response Phone <i>800-424-9300</i>		4. Manifest Tracking Number 013937512 JJK				
		5. Generator's Name and Mailing Address <i>OLYMPIC OIL 8500 W 4TH LIVERMORE, IL</i>		Generator's Site Address (if different than mailing address)							
Generator's Phone: <i>708-752-5117</i>		6. Transporter 1 Company Name <i>FUTURE ENVIRONMENTAL, INC.</i>					U.S. EPA ID Number <i>ILD984831396</i>				
7. Transporter 2 Company Name							U.S. EPA ID Number				
8. Designated Facility Name and Site Address <i>ORTEK, INC 7801 W 47TH ST MCCOOK, IL 60525</i>							U.S. EPA ID Number <i>ILD000646780</i>				
Facility's Phone: <i>708-752-5117</i>											
GENERATOR	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))			10. Containers		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes		
					No.	Type					
	1.	<i>NON-HAZARDOUS LIQUID WASTE, NON-REGULATED BY D.O.T</i>			<i>1</i>	<i>TT</i>	<i>3500</i>				
	2.										
	3.										
	4.										
14. Special Handling Instructions and Additional Information											
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.											
Generator's/Offor's Printed/Typed Name					Signature			Month	Day	Year	
								<i>2</i>	<i>11</i>	<i>15</i>	
INT'L	16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____										
	17. Transporter Acknowledgment of Receipt of Materials										
TRANSPORTER	Transporter 1 Printed/Typed Name					Signature			Month	Day	Year
	<i>Dan Tomanek</i>								<i>2</i>	<i>11</i>	<i>15</i>
	Transporter 2 Printed/Typed Name					Signature			Month	Day	Year
DESIGNATED FACILITY	18. Discrepancy										
	18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection										
	Manifest Reference Number:										
	18b. Alternate Facility (or Generator)					U.S. EPA ID Number					
	Facility's Phone:										
	18c. Signature of Alternate Facility (or Generator)								Month	Day	Year
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)											
1.			2.			3.			4.		
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a											
Printed/Typed Name					Signature			Month	Day	Year	

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US EPA # ILD984831396

Illinois

Indiana

Iowa

Michigan

Missouri

Ohio

Oklahoma

Wisconsin

Generator/Customer	Job Site
Name:	Name: <u>OLYMPIC OIL</u>
Address:	Address: <u>5000 W 41st</u>
City, State, Zip:	City, State, Zip: <u>Cicero IL</u>
Contact:	Phone:

Manifest # 018335753

Customer PO #

Type of Recyclable Product/Waste	Quantity	Price Per Gal/Unit	Amount
Non-Hazardous Used Oil Halogen Level <1000 PPM <input type="checkbox"/>			
Used Anti-freeze			
Non-Hazardous Waste Water	<u>3200</u>		
Non-Hazardous /Sludge			
Service/Truck Charge			
Demurrage Charges			
On-Spec Used Oil Delivered			
Used Oil Filter Pick-up			
Non-Hazardous Drum Pick-up			
Parts Washer—Delivery/Service			

PAID

☐ CHECK #

☐ Call office with VISA MC AMER X

☐ OFFICE TO PAY

On Site Time	Start <u>4:15 PM</u>	End <u>5:45 PM</u>
Port to Port Time	Start	End

Scope of Work Performed: Pumped out Glycol water Mix from Containment (SPILL)

Driver's Name: (printed) Tony Mawsworec Truck/Trailer # 123 ME-4 Date: 2-11-2015

Generator Certification

I (generator) hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable national government regulations as a non hazardous/non PCB waste. I also hereby certify to pay all cost associated with disposal of any non disclosed hazardous/PCB waste found to be in this shipment. I certify that the waste minimization statement identified in 40 CFR 262.27 (a) (If I am a large quantity hazardous waste generator) or (b) (If I am a small quantity generator) is true.


Customer Signature

2-11-15
Date

Phone

Phone

GENERATOR

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US EPA # ILD984831396

Illinois

Indiana

Iowa

Michigan

Missouri

Ohio

Oklahoma

Wisconsin

Generator/Customer	Job Site
Name:	Name: <u>Glympec Oil</u>
Address:	Address: <u>5000 W 41st</u>
City, State, Zip:	City, State, Zip: <u>Cicero IL</u>
Contact:	Phone:

Manifest # 013335750

Customer PO #

Type of Recyclable Product/Waste	Quantity	Price Per Gal/Unit	Amount
Non-Hazardous Used Oil Halogen Level <1000 PPM <input type="checkbox"/>			
Used Anti-freeze			
Non-Hazardous Waste Water	<u>6000 Gal</u>		
Non-Hazardous /Sludge			
Service/Truck Charge			
Demurrage Charges			
On-Spec Used Oil Delivered			
Used Oil Filter Pick-up			
Non-Hazardous Drum Pick-up			
Parts Washer--Delivery/Service			

PAID

☐ CHECK #

☐ Call office with VISA MC AMER X

☐ OFFICE TO PAY

On Site Time	Start <u>8:45 AM</u>	End <u>10:15 AM</u>
Port to Port Time	Start	End

Scope of Work Performed: Pumped out Glycol water Mix from Containment (Spill)

Driver's Name: (printed) Tony Matuszewicz Truck/Trailer # 123 ME4 Date: 2-11-15

Generator Certification

I (generator) hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable national government regulations as a non hazardous/non PCB waste. I also hereby certify to pay all cost associated with disposal of any non disclosed hazardous/PCB waste found to be in this shipment. I certify that the waste minimization statement identified in 40 CFR 262.27 (a) (if I am a large quantity hazardous waste generator) or (b) (if I am a small quantity generator) is true.

Customer Signature

2-11-2015

Date

Phone

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number		2. Page 1 of		3. Emergency Response Phone 800-424-6300		4. Manifest Tracking Number 013335750 JJK											
		5. Generator's Name and Mailing Address						Generator's Site Address (if different than mailing address)											
Generator's Phone:		6. Transporter 1 Company Name FUTURE ENVIRONMENTAL, INC.						U.S. EPA ID Number ILD984531396											
		7. Transporter 2 Company Name						U.S. EPA ID Number											
Facility's Phone:		8. Designated Facility Name and Site Address KLEAN WATERS 1408 GATLIN DR GRIFFITH, IN 46319						U.S. EPA ID Number 6160800425											
		9a. HM						9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))		10. Containers		11. Total Quantity		12. Unit Wt./Vol.		13. Waste Codes			
GENERATOR		1.		NON-HAZARDOUS LIQUID WASTE, NON-REGULATED BY D.O.T		1		TT		6000		Gal							
		2.																	
		3.																	
		4.																	
TRANSPORTER		14. Special Handling Instructions and Additional Information																	
		15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.																	
INT'L		Generator's/Offeror's Printed/Typed Name						Signature						Month		Day		Year	
														2		11		15	
DESIGNATED FACILITY		16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Transporter signature (for exports only): _____ Date leaving U.S.: _____																	
		17. Transporter Acknowledgment of Receipt of Materials																	
		Transporter 1 Printed/Typed Name						Signature						Month		Day		Year	
		Transporter 2 Printed/Typed Name						Signature						Month		Day		Year	
DESIGNATED FACILITY		18. Discrepancy																	
		18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection																	
		Manifest Reference Number:																	
		18b. Alternate Facility (or Generator)						U.S. EPA ID Number											
DESIGNATED FACILITY		Facility's Phone:																	
		18c. Signature of Alternate Facility (or Generator)																	
														Month		Day		Year	
		19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)																	
DESIGNATED FACILITY		1.		2.		3.		4.											
DESIGNATED FACILITY		20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a																	
		Printed/Typed Name						Signature						Month		Day		Year	
DESIGNATED FACILITY														Month		Day		Year	

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US EPA # ILD984831396

Illinois Indiana Iowa Michigan Missouri Ohio Oklahoma Wisconsin

Generator/Customer	Job Site
Name: <u>Olympic Oil</u>	Name:
Address: <u>5600 W. 41st</u>	Address:
City, State, Zip: <u>Cicero, IL</u>	City, State, Zip:
Contact:	Phone:

Manifest # 01-3932941

Customer PO #

Type of Recyclable Product/Waste	Quantity	Price Per Gal/Unit	Amount
Non-Hazardous Used Oil Halogen Level <1000 PPM <input type="checkbox"/>			
Used Anti-freeze			
Non-Hazardous Waste Water	<u>1250</u>		
Non-Hazardous /Sludge			
Service/Truck Charge	<u>1</u>		
Demurrage Charges			
On-Spec Used Oil Delivered			
Used Oil Filter Pick-up			
Non-Hazardous Drum Pick-up			
Parts Washer—Delivery/Service			

PAID ☐ CHECK # ☐ Call office with VISA MC AMER X ☐ OFFICE TO PAY

On Site Time	Start <u>8:45 AM</u>	End <u>12:00 PM</u>
Port to Port Time	Start	End

Scope of Work Performed: _____

Driver's Name: (printed) Michael Hertzog Truck/Trailer # 110 Date: 2-12-15

Generator Certification

I (generator) hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable national government regulations as a non hazardous/non PCB waste. I also hereby certify to pay all cost associated with disposal of any non disclosed hazardous/PCB waste found to be in this shipment. I certify that the waste minimization statement identified in 40 CFR 262.27 (a) (if I am a large quantity hazardous waste generator) or (b) (if I am a small quantity generator) is true.

Customer Signature

2-12-15

Date

Phone

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number <i>0151005023</i>		2. Page 1 of <i>1</i>		3. Emergency Response Phone <i>800-424-9300</i>		4. Manifest Tracking Number 013932941 JJK							
		5. Generator's Name and Mailing Address <i>5000 W. 91st</i>						Generator's Site Address (if different than mailing address)							
GENERATOR		Generator's Phone: <i>708-762-6117</i>													
		6. Transporter 1 Company Name <i>FUTURE ENVIRONMENTAL, INC.</i>						U.S. EPA ID Number <i>ILD084831396</i>							
TRANSPORTER		7. Transporter 2 Company Name <i>FUTURE ENVIRONMENTAL, INC.</i>						U.S. EPA ID Number <i>ILD084831396</i>							
		8. Designated Facility Name and Site Address <i>ORTEK, INC 7601 W 47TH ST MCCOOK, IL 60526</i>						U.S. EPA ID Number <i>ILD000646765</i>							
DESIGNATED FACILITY		Facility's Phone: <i>708-762-6117</i>													
		9a. HM		9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))				10. Containers		11. Total Quantity		12. Unit Wt./Vol.		13. Waste Codes	
GENERATOR		1.		<i>NON-HAZARDOUS LIQUID WASTE, NON-REGULATED BY D.O.T</i>				1. TT		17.50		G			
		2.													
		3.													
		4.													
TRANSPORTER		14. Special Handling Instructions and Additional Information													
		15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.													
DESIGNATED FACILITY		Generator's/Offoror's Printed/Typed Name <i>ORTHAN MEDINA</i>						Signature <i>[Signature]</i>		Month <i>2</i>		Day <i>12</i>		Year <i>15</i>	
		16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____													
TRANSPORTER		17. Transporter Acknowledgment of Receipt of Materials													
		Transporter 1 Printed/Typed Name <i>[Signature]</i>						Signature <i>[Signature]</i>		Month <i>3</i>		Day <i>12</i>		Year <i>15</i>	
DESIGNATED FACILITY		Transporter 2 Printed/Typed Name <i>[Signature]</i>						Signature <i>[Signature]</i>		Month <i></i>		Day <i></i>		Year <i></i>	
		18. Discrepancy													
DESIGNATED FACILITY		18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection													
		Manifest Reference Number: _____													
DESIGNATED FACILITY		18b. Alternate Facility (or Generator)						U.S. EPA ID Number							
		Facility's Phone: _____													
DESIGNATED FACILITY		18c. Signature of Alternate Facility (or Generator)													
		Month Day Year													
DESIGNATED FACILITY		19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)													
		1.				2.				3.				4.	
DESIGNATED FACILITY		20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a													
		Printed/Typed Name						Signature		Month		Day		Year	